

<b>Case Number:</b>	CM14-0161391		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 63-year-old male with a 9/20/12 date of injury. At the time (8/18/14) of request for authorization for Radiofrequency Thermo Coagulation at Bilateral L4-L5/L5-S1, there is documentation of subjective (neck , upper back, and bilateral shoulder pain) and objective (decreased cervical and shoulder range of motion, positive neer's and Hawkins's testing, and tenderness over lumbosacral spine) findings, current diagnoses (cervical sprain/strain, right shoulder impingement, left shoulder tenosynovitis, lumbar sprain/strain, and left plantar fasciitis), and treatment to date (medications and physical therapy). Medical reports identifies that the patient had bilateral L4-5 and L5-S1 diagnostic lumbar facet joint medial branch nerve injection. In addition, medical report identifies that the patient had 70% of pain relief following the injection. There is no documentation of a formal plan of additional evidence-based conservative care in addition to facet joint therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **Radiofrequency Thermo Coagulation at Bilateral L4-L5/L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, right shoulder impingement, left shoulder tenosynovitis, lumbar sprain/strain, and left plantar fasciitis. In addition, there is documentation of at least one set of diagnostic medial branch blocks with a response of 70%; and no more than two joint levels to be performed at one time. However, there is no documentation of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, based on guidelines and a review of the evidence, the request for Radiofrequency Thermo Coagulation at Bilateral L4-L5/L5-S1 is not medically necessary.